

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2009</u>	
through <u>06/30/2009</u>	

Date Stamp	CALIFORNIA FORM 461
	1/3
	For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

CAPITAL INSURANCE GROUP

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

MONTEREY CA 93940

RESPONSIBLE OFFICER

(If filer is other than an individual)

ROBERT M. ERICKSON

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☒ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

CAPITAL INSURANCE GROUP

ADDRESS OF EMPLOYER/BUSINESS

MONTEREY CA 93940

☒ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

PROPERTY & CASUALTY INSURER

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 42500.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 42500.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 42500.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/15/2009
DATE

By ROBERT M. ERICKSON
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

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to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period from 01/01/2009	CALIFORNIA FORM 461
through 06/30/2009	
2/3	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAPITAL INSURANCE GROUP

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
01/16/2009	C/O THE BOVEE COMPANY TED GAINES FOR ASSEMBLY 2010 SACRAMENTO C 93940 ID: 1293157 Reference No:	<input checked="" type="checkbox"/> Assembly Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		TED GAINES State Assembly Person Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2500.00	Calendar Year \$ 2500.00 Other \$ 0.00
01/05/2009	PACIFIC ASSN. OF DOMESTIC INSURANCE COMPANIES AUBURN CA 95603 ID: Reference No: 2	<input checked="" type="checkbox"/> Assembly Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MEMBERSHIP DUES - PASIC		40000.00	Calendar Year \$ 40000.00 Other \$ 0.00



SUBTOTAL \$ 42500.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660

TEXT ANNOTATION

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Schedule F461P5
DUES BASED ON DWP FOR 2008

Reference No: 2